Appl. No. 09/827,252 Amdt. dated March 11, 2005 Reply to Office Action of November 15, 2004 Page 12 of 12

## PETITION FOR EXTENSION OF TIME

Pursuant to 37 C.F.R. 1.136(a), Applicant herewith petitions that the period for response to the Office Action dated November 15, 2004, in connection with the above-identified application be extended for one month, to and including March 15, 2005. A check for the fee for this petition is enclosed. The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Order Account No. 11-0855.

Respectfully submitted,

By Sus

Reg. No. 46,895

KILPATRICK STOCKTON LLP 1100 Peachtree Street Suite 2800 Atlanta, Georgia, 30309-4530 404.815.6147 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| TPE           | Effective on 12/08<br>Fees pursuant to the Consolidated Approp |                       | Complete if Known    |                   |            |
|---------------|--|-----------------------|----------------------|-------------------|------------|
|               |  |                       | Application Number   | 09/827,252        |            |
| MAR 7 4 2005  | S FEE IRANS  | FEE TRANSMITTAL       |                      | April 5, 2001     |            |
| ban.          | for FY 2   | 2005                  | First Named Inventor | J. Charles Taylor |            |
| ENTE TENDRAIN | Applicant claims small entity st                               | atus. See 37 CFR 1.27 | Examiner Name        | Tan-Uyen Ho       |            |
|               |  | (\$) 120.00           | Art Unit             | 3731              | ·········· |
|               | TOTAL AMOUNT OF PAYMENT  |                       | Attorney Docket No.  | 39262/256238      | J          |

| <u> </u>  |   |                       |                | Attorney Docket No.      | 39262/256238        |                     |   |  |
|---|---|-----------------------|----------------|--------------------------|---------------------|---------------------|---|--|
| METHOD OF PAYMENT (check all that apply)  |   |                       |                |                          |                     |                     |   |  |
| □ Check □ Credit Card □ Money Order □ None □ Other (please identify):   |   |                       |                |                          |                     |                     |   |  |
| ☐ Deposit Account De  |   |                       |                |                          | ount Name: Kilp     |                     |   |  |
| For the above-io  | dentified depo  | sit account, the      | Director is    | hereby authorized to     | (check all that a   | pply)               |   |  |
| ☐ Charge for  | ee(s) indicate  | d below               |                | Cha                      | irge fee(s) indicat | ed below, except    | for the filing fee                      |  |
|   | Charge any additional fee(s) or underpayments of fee(s)   |                       |                |                          |                     |                     |   |  |
| WARNING: Information on t   |   | pecome public. (      | Credit card in | formation should not     | be included on this | s form. Provide cre | edit card                               |  |
| information and authorization   | on on PTO-203   | 8.                    |                |                          |                     |                     |   |  |
| FEE CALCULATION   |   |                       |                |                          |                     |                     |   |  |
| 1. BASIC FILING, SE   | ARCH, ANI<br>FILING F   |                       |                | ARCH FEES                | FXAMIN              | NATION FEES         |   |  |
|   |   | Small Entity          |                | Small Enti               |                     | Small Entity        |   |  |
| <b>Application Type</b>   | Fee (\$)  | Fee(\$)               |                | e(\$) Fee(\$)            | Fee(\$)             | Fee(\$)             | Fees Paid (\$)                          |  |
| Utility   | 300   | 150                   | 500            | 250                      | 200                 | 100                 |   |  |
| Design  | 200   | 100                   | 100            | 50                       | 130                 | 65                  | *************************************** |  |
| Plant   | 200   | 100                   | 300            | 150                      | 160                 | 80                  | *******************                     |  |
| Reissue   | 300   | 150                   | 500            |                          | 600                 | 300                 | emilional view                          |  |
| Provisional   | 200   | 100                   | (              | 0                        | 0                   | 0                   | **************************************  |  |
| 2. EXCESS CLAIM F   | EES   |                       |                |                          |                     |                     | Small Entity                            |  |
| Fee Description   |   |                       |                |                          |                     | Fee (\$)            | Fee (\$)                                |  |
| Each claim over 20 (including Reissues)  Fach independent claim over 3 (including Reissues)   |   |                       |                |                          |                     | 50<br>200           | 25<br>100                               |  |
| Each independent claim over 3 (including Reissnes)  Multiple dependent claims   |   |                       |                |                          |                     | 200<br>360          | 180                                     |  |
| Total Claims  | Extra C   | laims F               | ee(\$)         | Fee Paid (\$)            |                     |                     | Dependent Claims                        |  |
| -20 or H  | )=  | . × _                 |                |                          |                     | Fee (\$)            | Fee Paid (\$)                           |  |
| HP = highest number o   | f total claims p  | aid for, if greater t | than 20.       |                          |                     | <u></u>             |   |  |
| <u>Indep. Claims</u>  | Extra C   | <u>laims</u> <u>F</u> | ee(\$)         | Fee Paid (\$)            |                     |                     |   |  |
| 3 or HF   |   | х "                   |                |                          |                     |                     |   |  |
| HP = highest number of independent claims paid for, if greater than 3.  |   |                       |                |                          |                     |                     |   |  |
| 3. APPLICATION SIZE FEE   |   |                       |                |                          |                     |                     |   |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |   |                       |                |                          |                     |                     |   |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |   |                       |                |                          |                     |                     |   |  |
| <u>Total Sheets</u>   | Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |                       |                |                          |                     |                     |   |  |
| - 100   | ) =   | / 50 =                | (ro            | and <b>up</b> to a whole | number) x           |                     | **************************************  |  |
| 4. OTHER FEE(S) Fees Paid (\$)  |   |                       |                |                          |                     |                     |   |  |
| Non-English Specification, \$130 fee (no small entity discount)   |   |                       |                |                          |                     |                     |   |  |
| Other (e.g., late   | filing surch  | irge): extensio       | n of time with | in 1 <sup>st</sup> month |                     |                     | <u>120.00</u>                           |  |
|   |   |                       |                |                          |                     |                     |   |  |

| 1 | SUBMITTED BY      |                  |   |           |                |
|---|-------------------|------------------|---|-----------|----------------|
|   | Signature         | Krist Crael      | Registration No.<br>(Attorney/Agent) 46,895 | Telaphone | 404-815-6147   |
| ( | Name (Print/Type) | Kristin M. Crall |   | Date      | March 11, 2005 |

This collection of information is required by 37 CFR 1 136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1 14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Officer (U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.